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Bib Data Sheet

CONFIRMATION NO. 8250

<b>SERIAL NUMBER</b> 10/810,350	<b>FILING OR 371(c) DATE</b> 03/26/2004 <b>RULE</b>	<b>CLASS</b> 117	<b>GROUP ART UNIT</b> 1722	<b>ATTORNEY DOCKET NO.</b> 20174C-004960US
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/527,625 12/05/2003 and claims benefit of 60/527,168 12/05/2003  
 and is a CIP of 10/637,847 08/07/2003  
 which is a CIP of 10/117,978 04/05/2002  
 which claims benefit of 60/323,524 09/17/2001  
 and is a CIP of 09/887,997 06/22/2001 PAT 7,052,545  
 which is a CIP of 09/826,583 04/06/2001 PAT 6,899,137

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 06/06/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 53	<b>TOTAL CLAIMS</b> 33	<b>INDEPENDENT CLAIMS</b> 3
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**ADDRESS**  
20350

**TITLE**  
Microfluidic protein crystallography techniques

<b>FILING FEE RECEIVED</b> 1570	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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